

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 COMMITTEE NAME Citizens for C.H.A.N.G.E.				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 120003 San Antonio, TX 78212			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Charles L NICKNAME LAST SUFFIX Charlie Cottrell Ph. D.		Receipt # Amount Date Processed Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE President's office, St. Mary's University One Camino Santa Maria San Antonio, TX 78228-8572			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 508 W Craig San Antonio TX 78228			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 436-3722			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 10 / 29 / 01 THROUGH 01 / 15 / 02			
11 ELECTION		ELECTION DATE Month Day Year 11 / 06 / 01 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			
GO TO PAGE 2					

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**
ACCOUNT #
(Ethics Commission filers)

Citizens for C.H.A.N.G.E.

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☒ MEASURE

BALLOT IDENTIFICATION / #

 ELECTION DATE
Month Day Year

11 / 06 / 01

DESCRIPTION

Charter Amendment Reform

**14 NO REPORTABLE
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 33,750.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 54,228.75

**OUTSTANDING
LOAN TOTALS**

 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

16 AFFIDAVIT

 I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Charles L. Cotrell, this the 14th day
of January, 20 02, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1.

2 FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

27-0000-7501

4 Date
10/19/01

5 Full name of contributor
George Hixon

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
315 E Commerce # 300
San Antonio, TX

\$2,500.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date
10/29/01

Full name of contributor
R.G. Marbut

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
511 Argyle
San Antonio, TX 78209

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date
10/30/01

Full name of contributor
Eugene H. Dawson

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
208 N Tower Dr
San Antonio, TX 78230

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date
10/30/01

Full name of contributor
Sam Dawson

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
3802 Mill Court
San Antonio, TX 78230

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date
11/01/01

Full name of contributor
Pat Maloney

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
6607 Laurel Hill
San Antonio, TX 78229

\$1,000.00

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

0117 11 01 26

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Citizens for C.H.A.N.G.E.

27-0000-7501

4 Date
10/30/01

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
John Schaefer

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code
8628 N. New Braunfels
San Antonio, TX 78217

\$1,000.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date
11/05/01

Full name of contributor ☐ out-of-state PAC (ID# _____)
Sam Barshop

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
900 Isom Rd, Ste. 300
San Antonio, Texas 78216

\$500.00

Principal occupation (Optional)

Employer (Optional)

Date
10/31/01

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pablo Escamilla

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code
1726 Valencia
San Antonio, TX 78237

\$1,000.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

611 0534 0017
JAN 17 2 19 PM '02



CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME Citizens for C.H.A.N.G.E.		3 ACCOUNT # (Ethics Commission filers) 27-0000-7501	
4 Date 10/25/01	5 Corporation / Labor Organization name Bank of America 6 Corporation / Labor Organization address; City; State; Zip Code Cashier's Check	7 Amount of contribution (\$) \$3,000.00	8 In-kind contribution description (if applicable)
Date 10/26/01	Corporation / Labor Organization name Ultramar Diamond Shamrock Corporation / Labor Organization address; City; State; Zip Code PO Box 696000 San Antonio, TX 78269-6000	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Date 10/30/01	Corporation / Labor Organization name Landmark Organization, LP Corporation / Labor Organization address; City; State; Zip Code 1700 Rio Grande Austin, TX 78701	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Date 10/10/01	Corporation / Labor Organization name Valero Political Action Committee Corporation / Labor Organization address; City; State; Zip Code PO Box 500-MS-3G San Antonio, TX 78293	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Date 11/01/01	Corporation / Labor Organization name SBC/ Southwestern Bell Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Date 11/01/01	Corporation / Labor Organization name Raba Kistner Consultants, Inc. Corporation / Labor Organization address; City; State; Zip Code 12821 W. Golden Lane San Antonio, TX 78249	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

02
11/17 21 9:26

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME Citizens for C.H.A.N.G.E.		3 ACCOUNT # (Ethics Commission filers) 27-0000-7501	
4 Date 11/01/01	5 Corporation / Labor Organization name Broadway Bank 6 Corporation / Labor Organization address; City; State; Zip Code PO Box 17001 San Antonio, Texas 78217	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
Date 11/06/01	Corporation / Labor Organization name Wayne Harwell Properties Corporation / Labor Organization address; City; State; Zip Code PO Box 17065 San Antonio, Texas 78217	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Date 11/05/01	Corporation / Labor Organization name Kaufman and Associates Corporation / Labor Organization address; City; State; Zip Code 100 W. Houston St. Ste. 1250 San Antonio, TX 78205-1467	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Marmon Mok LLP Corporation / Labor Organization address; City; State; Zip Code 700 N St. Mary's, #720 San Antonio, TX	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Date 11/15/01	Corporation / Labor Organization name Hill-Granados Retail Partners Corporation / Labor Organization address; City; State; Zip Code 10223 McAllister Freeway, Ste. 200 San Antonio, Texas 78216	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

RECEIVED
CITY OF SAN ANTONIO
NOV 17 11 58 26

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**Citizens for C.H.A.N.G.E.****3** ACCOUNT # (Ethics Commission filers)**27-0000-7501****4** Date**5** Payee name**7** Amount
(\$)

11/12/01

Election Support Services

\$28,466.09

6 Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Direct Mail/Lists/Postage

Date

Payee name

Amount
(\$)

11/12/01

Tom Daniels

\$6,530.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Phone Banking

Date

Payee name

Amount
(\$)

11/12/01

Eva Newbert

\$238.63

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Entertainment

Election night snacks/Food

Date

Payee name

Amount
(\$)

11/12/01

Guerra DeBerry Coody

\$18,935.48

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Advertising

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Citizens for C.H.A.N.G.E.

3 ACCOUNT # (Ethics Commission filers)

27-0000-7501

4 Date

11/05/01

5 Payee name

Frost Bank

7 Amount
(\$)

\$14.00

6 Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)

Check print charge

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11/05/01

Payee name

Frost Bank

Amount
(\$)

\$24.55

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Check Print Charge

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11/13/01

Payee name

Frost Bank

Amount
(\$)

\$20.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Bank Service Charge

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED